



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 132445		2. Exact name of the Corporation Manpower US Inc.			
3. Principal Office Address 100 Manpower Place			City Milwaukee	State WI	Zip 53212
4. NAICS Code 561320		6. Brief description of the character of business conducted in Rhode Island Temporary and Permanent Placement Services			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ger Doyle			Vice-President Name Rajesh Namboothiry		
Street Address 100 Manpower Place			Street Address 100 Manpower Place		
City Milwaukee	State WI	Zip 53212	City Milwaukee	State WI	Zip 53212
Secretary Name Mark Toth			Treasurer Name Shirley Criddle		
Street Address 100 Manpower Place			Street Address 100 Manpower Place		
City Milwaukee	State WI	Zip 53212	City Milwaukee	State WI	Zip 53212
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ger Doyle			Director Name Mark Toth		
Street Address 100 Manpower Place			Street Address 100 Manpower Place		
City Milwaukee	State WI	Zip 53212	City Milwaukee	State WI	Zip 53212
Director Name Shirley Criddle			Director Name		
Street Address 100 Manpower Place			Street Address		
City Milwaukee	State WI	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	Common	.01	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Shirley Lemerond					Date 5/16/2025
Signature of Authorized Representative <i>Shirley Lemerond</i> FILED					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 23 2025
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BY *[Signature]*